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601 Kamokila Boulevard, Suite 251, Kapolei, Hawaii 96707-2021
(808) 207-9915   Mainland: 1-888-314-0037

W-4 File Format For The Employers

1. To send W-4 data through FTP, employers or designated processors (Transmitter Agency) must send their W-4 data in a text file (*filename*.txt) and upload the file to their designated folder.

2. The Transmitter Agency must send the W-4 data in the following file format. The input file must contain three types of records in the following order :
   a)   W-4 Transmitter Header Record
   b)   W-4 Data Records
   c)   W-4 Total Record

3. A carriage return, line feed (CR LF) must be inserted at the end of each line and the file should be viewable in notepad in aligned rows and columns.

4. For additional assistance, please speak to a Customer Service Representative from 9 a.m. to 3 p.m. HST Monday through Friday, except State holidays and furlough days at (808) 207-9915.
   Mainland toll-free at 1-888-314-0037. After hours, you may leave a message.

Table - I : W-4 Transmitter Header Record

Field Name	Type	Length	Position	Validation rule
RECORD IDENTIFIER	A	2	1-2	This must contain H4
TRANSMITTER AGENCY FEIN	N	9	3-11	This must contain nine-digit FEIN
TRANSMITTER AGENCY NAME	A	40	12-51	Optional
DATE STAMP	N	8	52-59	This must contain transmitting date in CCYYMMDD format.
BATCH NUMBER	N	6	60-65	This must be a sequential batch number and must not be repeated.
CONTACT PERSON	A	40	66-105	Optional
CONTACT PHONE #	N	12	106-117	Optional

Table - II : W-4 Data Records

Field name	Type	Length	Position	Validation rule
1. RECORD IDENTIFIER	A	2	1-2	This must contain W4
2. TRANSMITTER AGENCY FEIN	N	9	3-11	This must be same as header record
3. DATE STAMP	N	8	12-19	This must be same as header record
4. BATCH NUMBER	N	6	20-25	This must be same as header record
5. EMPLOYEE SSN	N	9	26-34	Mandatory field. Must be nine-digit numeric. If not, system rejects record.
6. EMPLOYEE FIRST NAME	A	16	35-50	Mandatory field. Must be at least one character long. No special characters except hyphen are allowed. If blank, system rejects record
7. EMPLOYEE MIDDLE NAME	A	16	51-66	If non-blank, it must be at least one character long. No special characters except hyphen are allowed.
8. EMPLOYEE LAST NAME	A	30	67-96	Mandatory field. Must be at least one character long. No special characters except hyphen are allowed. If blank, system rejects record

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Field name	Type	Length	Position	Validation rule
9. EMPLOYEE STREET ADDRESS LINE 1	A	40	97-136	Mandatory field.
10. EMPLOYEE STREET ADDRESS LINE 2	A	40	137-176	Optional.
11. EMPLOYEE STREET ADDRESS LINE 3	A	40	177-216	Optional.
12. EMPLOYEE CITY	A	25	217-241	Mandatory field. This must be at least two characters. No special characters, except hyphen, are allowed.
13. EMPLOYEE STATE	A	2	242-243	Mandatory field. This must be valid two-letter US Postal Service abbreviation of a state or territory (This should be verified through code table 053.).
14. EMPLOYEE ZIP CODE 1	N	5	244-248	Mandatory field. This must be valid five-digit US Postal Service zip code (This should be verified through code table 064 if state is HI.).
15. EMPLOYEE ZIP CODE 2	N	4	249-252	This should be either all spaces or four-digit numeric.
16. EMPLOYEE DATE OF BIRTH	N	8	253-260	This must be in CCYYMMDD format, if present or must be blank
17. EMPLOYEE DATE OF HIRE	N	8	261-268	Mandatory field. This must be in CCYYMMDD format.
18. EMPLOYEE STATE OF HIRE	A	2	269-270	This must be valid two-letter US Postal Service abbreviation of a state or territory, if present (This should be verified through code table 053.).
19. FEDERAL EIN	N	9	271-279	Mandatory field. Must be nine-digit numeric
20. EMPLOYER NAME	A	45	280-324	Mandatory field. This must be at least two characters.
21. EMPLOYER STREET ADDRESS LINE 1	A	40	325-364	Mandatory field. This should be at least two characters.
22. EMPLOYER STREET ADDRESS LINE 2	A	40	365-404	Optional
23. EMPLOYER STREET ADDRESS LINE 3	A	40	405-444	Optional
24. EMPLOYER CITY	A	25	445-469	Mandatory field. This must be at least two characters. No special characters, except hyphen, are allowed.
25. EMPLOYER STATE	A	2	470-471	Mandatory field. This must be valid two-letter US Postal Service abbreviation of a state or territory (This should be verified through code table 053.).
26. EMPLOYER ZIP CODE 1	N	5	472-476	Mandatory field. This must be valid five-digit US Postal Service zip code (This should be verified through code table 064 if state is HI.).
27. EMPLOYER ZIP CODE 2	N	4	477-480	This should be either all spaces or four-digit numeric.

Table - III : W-4 Total Record

Field Name	Type	Length	Position	Validation rule
RECORD IDENTIFIER	A	2	1-2	This must contain 'T4'
TRANSMITTER AGENCY FEIN	N	9	3-11	This must be same as header record
DATE STAMP	N	8	12-19	This must be same as header record
BATCH NUMBER	N	6	20-25	This must be same as header record
DATA RECORD COUNT	N	11	26-36	This must be total number of records in the transmission, including header and trailer records,